## IN THE UNITED STATES BANKRUPTCY COURT FOR THE DISTRICT OF HAWAII

| In re: |  | ) CASE NO.  |  |  |  |
|--------|--|---|--|--|--|
|        |  | CH. 11 POST CONFIRMATION REPORT   |  |  |  |
|        |  | ) QUARTERLY FINAL  (PLEASE CHECK)   |  |  |  |
|        | Debtor(s)  | ) PERIOD: <u>/ / to / /</u>   |  |  |  |
|        |  | ) DATE PLAN CONFIRMED:/_/   |  |  |  |
|        | MARY OF QUARTERLY CASH FLOWS   | <u>:</u>  |  |  |  |
|        |  | φ   |  |  |  |
|        | Receipts of Reorganized Debtor   | Φ <u> </u>  |  |  |  |
| A. Dis | bursements made under the plan, in current   | quarter: \$   |  |  |  |
| B. Dis | bursements not under the plan, in current qu   | arter: \$   |  |  |  |
|        | Total Disbursements  | \$  |  |  |  |
| Ending | g Cash Balance   | \$  |  |  |  |
|        |  | E REORGANIZED DEBTOR, BE THEY UNDER THE<br>COUNTED FOR AND REPORTED HEREIN FOR THE<br>ARTERLY FEES. |  |  |  |
| PLEA   | SE ANSWER THE FOLLOWING:   |   |  |  |  |
| 1.     | What are your projections as to your ability to comply with the terms of the plan?             |   |  |  |  |
|        |  |   |  |  |  |
| 2.     | Please describe any factors which may materially affect your ability to obtain a final decree. |   |  |  |  |
|        |  |   |  |  |  |
| 3.     | If plan payments have not yet begun, please  | e indicate the date that the first plan payment is due.   |  |  |  |

## SUMMARY OF AMOUNTS DISTRIBUTED UNDER THE PLAN:

|  | Comment O              | Total Amount | n.i. n      |
|--|------------------------|--------------|-------------|
|  | Current Quarter        | Paid to Date | Balance Due |
| A. FEES AND EXPENSES:  |                        |              |             |
| 1. Disbursing Agent Compensation   | \$                     | \$           | \$          |
| 2. Fee for Attorney for Trustee  | \$                     | \$           | \$          |
| 3. Fee for Attorney for Debtor   | \$                     | \$           | \$          |
| 4. Other Professionals   | \$                     | \$           | \$          |
| 5. All Expenses, Including Disbursing Agent's  | \$                     | \$           | \$          |
| B. DISTRIBUTIONS:  |                        |              |             |
| 6. Secured Creditors   | \$                     | \$           | \$          |
| 7. Priority Creditors  | \$                     | \$           | \$          |
| 8. Unsecured Creditors   | \$                     | \$           | \$          |
| 9. Equity Security Holders   | \$                     | \$           | \$          |
| 10. Other Payments- Specify Class of Payee   |                        |              |             |
|  | \$                     | \$           | \$          |
|  | \$                     | \$           | \$          |
|  |                        |              |             |
| TOTAL PLAN DISBURSEMENTS   | \$                     | \$           | \$          |
| (Sum of Lines 1 - 10.)  Note: the total plan disbursements for the "current" column sho  C. Percent Dividend to be Paid to Unsecured Cre | ditors Under Plan      |              | %           |
| SUMMARY OF PROPERTY TRANSFERRE   | D UNDER THE PLA        | <u>N:</u>    |             |
| <u>De</u>  | escription of Property |              |             |
| Secured Creditors  |                        |              |             |
| Priority Creditors   |                        |              |             |
| Unsecured Creditors  |                        |              |             |
| Equity Security Holders  |                        |              |             |
| Other Transfers- Specify class of Transferee   |                        |              |             |

| Have all property sales and transfers described in the plan been completed. If no, please provide explanation                 | : □ YES         |     |
|---|-----------------|-----|
|   |                 |     |
| Have all claims been resolved?  If no, please provide explanation   | □ YES           |     |
|   |                 |     |
| Have all payments been made as set forth in the plan?  If no, please provide explanation                                      | □ YES           |     |
|   |                 |     |
| Have all payments to attorneys and other professionals been made as order If no, please provide explanation                   |                 |     |
|   |                 |     |
| Have any distributions been made to any owners/stockholders of the debto If yes, please provide explanation (excluding wages) |                 |     |
|   |                 |     |
| Are all post-confirmation tax liabilities current?  If no, please provide explanation   | □ YES           |     |
|   |                 |     |
| Have all U. S. Trustee Quarterly Fees been paid?  If no, please provide explanation   | □ YES           |     |
|   |                 |     |
| What is the estimated date for filing of an application for a final decree?   |                 |     |
| I CERTIFY UNDER PENALTY OF PERJURY THAT THE ABOVE IN  | FORMATION IS TI | RUE |
| CORRECT TO THE BEST OF MY KNOWLEDGE.  |                 |     |
|   |                 |     |
| SIGNED: DATE  | ::              |     |
| (PRINT NAME)  |                 |     |